Change Impact Statement

23 March 2018

Function (if applicable)	Notifications
Directorate (if applicable)	Regulatory Operations

Attachments
Consultation summary

1. Brief description of change proposal

As part as the ongoing development of a national function operating model for notifications, we are proposing to establish a national notifications triage and assessment team (transition) to inform the development of the future model and respond to current operational needs. The proposed team will be based in the Adelaide and Melbourne offices where this work, applying the triage model, is currently done.

The proposal to establish a national triage and assessment team (transition) continues the progression to a national function based operating model for notifications. To give effect to this change we are proposing that we change the reporting lines of the members of two of the three teams currently doing this work and undertake a 'closed' expression of interest process for the remaining roles. The attached consultation summary provides more detail on how we intend to give effect to this change.

As we continue the development of a national operating model for notifications our focus is on scoping the development of the national intake and assessment function. This is the entry path for all notifications.

This will let us better respond to the increasing numbers of notifications we are receiving and allow us to be able to identify early the matters that we need to take regulatory action for and those that can be concluded early. This includes the development of revised risk thresholds.

This change is limited to changing reporting lines and EOI processes only at this stage with no changes to the terms and conditions of current team members. There may be an extension to the end dates of current fixed term arrangements for some individual team members to align across the national team.

As work on developing the national function operating model continues we will continue to engage with staff across the notification function and consult with them before any other changes are made.

2. Current situation

As a risk based regulator we need to be able to manage the year by year increase in notifications received. To do this we need to make changes to the way we manage notifications.

Over two years ago, we published a White Paper outlining a function based operating model for the whole of Regulatory Operations. It was published on the back of the Bevington report which, in its simplest form, told us that we were not operating at maximum efficiency. The Bevington report indicated that by pivoting our work by geography, we increased duplication, reduced opportunities to streamline and simplify, increased inconsistency and didn't take advantage of the National Law that (largely) applies to us all.

The White Paper outlined why we need to deliver an operating model for notifications based on risk and complexity and not geography. We need to look at how we have designed our processes so that we can respond to current challenges and be nimble enough to respond to new ones as they emerge.

As we continue the development of a national operating model for notifications our priority is scoping the development of the national intake and assessment function.

To inform the development of a national intake and assessment model we need to continue to build on what we have learned through the processes and teams in place in Melbourne and Adelaide that support the triage and assessment of medical notifications, and nursing & midwifery notifications in Adelaide. This will allow us to have a single national process across the one team based in two offices.

3. Benefits and cost savings of proposed change

The establishment of the national triage and assessment team (transition) is expected to be cost neutral in that the team will be established through a change in reporting lines. The budget allocations associated with the Melbourne medical assessment team and the Adelaide-based WTAC team will transfer to the national function budget.

By creating the national triage and assessment team we can continue to improve how we respond to the increasing number of notifications. This is expected to provide confidence to the public on how we manage their complaints and deliver an improved notifier and practitioner experience.

Creation of the national team will provide stability to staff currently working in this area and allow them to actively engage in the development of the national intake and assessment function.

The final national intake and assessment function once established is expected to support revised ways of assessing notifications for all professions across the scheme. This will continue to provide staff working opportunities to develop their professional regulatory skills in new and innovative models.

No future changes will be made without further consultation with staff.

4. Will staff be retrained to achieve proposal?

While the national team is established and the work to develop the future function continues there may be changes to the ways of working across the national team to support nationally consistent process for triage and assessment.

Team members will be provided with the necessary training and assistance to support any changes to how they work. It is expected to build on their existing experience and expertise.

5. Measures to mitigate effects on staff

The proposed change at this time is to reporting lines only. We are not intending to change the current position description or any individual arrangements currently in place.

All impacted staff have been provided with individual letters and a copy of the consultation summary with details on how they can provide feedback and who they can discuss the proposal with.

Staff will be engaged in the further development of the national function so that they can have ongoing transparency to future proposals.

The proposed approach establishes a national operational leadership team for intake and assessment. The operational leadership team is made up of the National Operations Manager, Intake and Assessment and the two Team Leader roles.

While the team leader roles will have line responsibility for individual staff members, it is expected that the leadership team will work together to manage the workload of the team as a whole to ensure delivery of an effective and efficient service. This will provide staff with access to a range of support to perform at their best.

6. Effects of proposal on services/staff in other departments

The direct impact of the current proposal is on the members of the three teams.

The establishment of the national triage and assessment team in the Adelaide and Melbourne offices will be of interest to notifications teams in other state and territory offices as it could be seen to provide an indication of future locations of the national intake and assessment function.

It needs to be made clear at this time that the two office sites are impacted at this time as this is where current teams are based. There will be an ongoing assessment of feasibility and risks associated with locating the function across these two sites only as part of the finalising of the national intake and assessment function.

The model and structure for this function and final locations for the model will be subject of further consultation with all notifications staff.

7. Timeframe and dates for proposed change

The consultation on the proposal is open from today to 3 April 2018.

Following consultation and confirmation of the outcomes the changes will be given effect as described in the consultation summary.

An expression of interest process will need to be undertaken in the Melbourne office to appoint the team leader roles, some of the investigator roles, and notification support officer role.

8. Details of staff/union consultation conducted to date (if any)

All staff have been provided with individual correspondence and a consultation summary following direct briefings.

They have been provided with a number of means to provide feedback including an anonymous survey where anonymity is protected.

Contact	Les Butler
Date	23 March 2018

Contact telephone number for enquiries on the statement

Email: les.butler@ahpra.gov.au **0409 520 268**

Consultation overview

23 March 2018

Establishing a national notifications team for triage and assessment (transition)

Context

As we continue the development of a national operating model for notifications our focus is on scoping the development of the national intake and assessment function. This is the entry path for all notifications.

By implementing revised assessment processes underpinned by revised risk thresholds we will be better placed to respond to the increasing numbers of notifications we receive. We will be able to better identify early the matters in which we need to take regulatory action, and those that can be finalised early. This is consistent with the principles of the White Paper, reinforced at the Notifications Think Tank. We need to provide confidence to the public on how we manage their complaints and deliver an improved notifier and practitioner experience.

To inform the development of a national intake and assessment model, we need to build on what we have learned through the processes and teams in place in Melbourne and Adelaide that support the triage and assessment of medical notifications for multi-jurisdiction committees, and nursing & midwifery notifications in Adelaide. The teams are the:

- Queensland Triage and Assessment Committee (QTAC) team based in Melbourne who assess all relevant Queensland medical notifications received, and
- Western Triage and Assessment Committee (WTAC) team based in Adelaide who assess all medical notifications for the Northern Territory, South Australia, and Western Australia and nursing & midwifery matters for South Australia.

We also need to be able to respond to the increasing number of medical notifications requiring assessment in the Melbourne office. The Victorian team managing medical assessments is in the process of more closely aligning their work with QTAC processes, and these matters are considered at QTAC meetings in which the Committee is composed from across jurisdictions.

What are we proposing?

We will consult with all staff on any proposed future national model before any changes are made.

For now, we are proposing that we establish a national notifications triage and assessment team (transition) to inform the development of this model and respond to current operational needs. The team will be based in the Adelaide and Melbourne offices where this work is currently done.

We are proposing that we change reporting lines of current QTAC members, WTAC, and Melbourne Medical Assessment team members through Team Leader positions who report to the recently appointed National Operations Manager, Intake and Assessment.

The proposed structure is at attachment A.

If the national team is established following consultation there may be changes to the ways of working across the national team to support nationally consistent process for triage and assessment as we work to

develop the future model. Team members will be provided with the necessary training to support any changes to how they work.

This change will also support the further development and implementation of risk-based assessment.

It needs to be made clear that the two office sites are impacted right now, as this is where current teams are based. There will be an ongoing assessment of feasibility and risks associated with continuing to locate the function across these two sites only, as part of the finalisation of the function based operating model for notifications.

Scope of the team's work

The national intake and assessment team (transition) will cover the work that is covered by the current teams. The office information in brackets indicates which members of the transition team would generally do this work. This is:

- Adelaide medical and nursing & midwifery assessments (Adelaide based members)
- Brisbane medical assessments (Melbourne)
- Darwin medical assessments (Adelaide)
- Melbourne medical assessments (Melbourne), and
- Perth medical assessments (Adelaide).

Creating an operational leadership team

One of the main reasons we are making this change now is so that we can implement and maintain a nationally consistent way of working. The creation of the operational leadership team for the intake and assessment function will be key to this success.

The operational leadership team is made up of the National Operations Manager, Intake and Assessment and the two Team Leader roles.

While the team leader roles will have line responsibility for individual staff members, it is expected that the leadership team will work together to manage the workload of the team to ensure delivery of an effective and efficient service.

What does this mean for you?

We will give effect to the change through different ways in the different current teams. This reflects the differences in current arrangements.

Current members of WTAC

We are proposing to change the reporting line of the current WTAC team leader from the local State manager to the National Operations Manager.

The reporting lines of all WTAC staff currently reporting to the WTAC team leader will then transfer to the national reporting line.

This includes current investigators and notification support staff.

There is no intent at this stage to change the position descriptions, or terms and conditions of current team members. There may be an extension to the end dates of current fixed term arrangements until 30 June 2018 for some individual team members to align across the proposed national team.

Current members of QTAC

We are proposing to change the reporting line of the current QTAC team members from the National Operations Manager to a Melbourne based team leader role to be appointed through an expression of interest process open to Melbourne notifications staff and current QTAC members. The team leader will then report to the National Operations Manager.

This includes current investigators and notification support staff.

Current members of Melbourne Assessment team (Medical)

Following a recent expression of interest process, a team has been established to manage Melbourne Medical notifications aligned with the processes of the QTAC team. This includes support from the Melbourne notification administration team.

We are proposing that we hold an Expression of interest process open to the following:

- Team Leader role, open to all current Melbourne notifications staff and QTAC members
- 4 x Level 6, Investigator roles, open to all current Melbourne notifications staff, and
- 1 x Level 3, Notification Support Officer role, open to all current Melbourne office staff.

Having your say?

As a member of one of the impacted teams we want your feedback on what is proposed. There are many ways for you to provide feedback.

Whichever channel you choose, it's important to provide your feedback by **9 am Melbourne time Tuesday 3 April 2018.** Please provide your feedback by:

- response to the survey (we have deactivated IP address tracking to ensure your anonymity)
- sending your feedback to RegOps_Consultation@ahpra.gov.au
- speaking with Mary Russell, National Manager (Transition) Intake and Assessment
- speaking with Josie Scarfo, HR Change Manger.

How will we respond to your feedback?

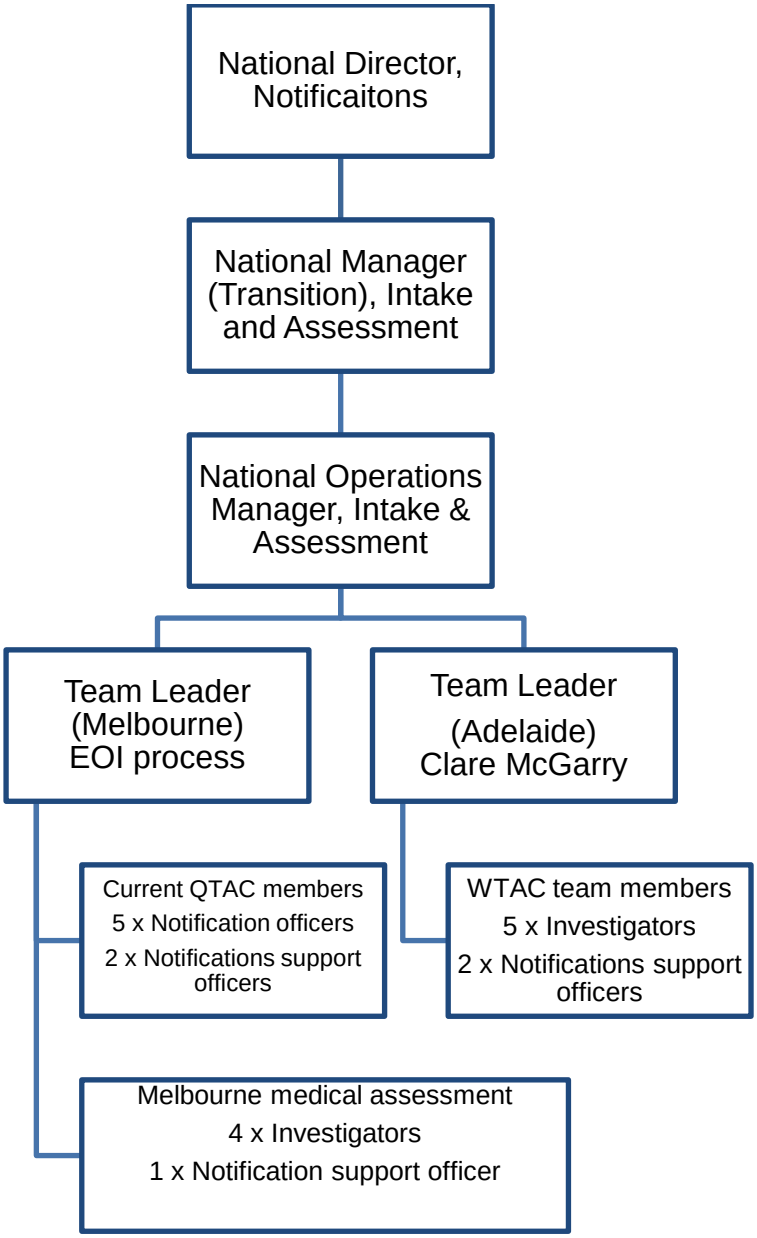
If you would like to provide feedback verbally we can discuss it with you at the time. If you submit your feedback by email, then we may follow up with you to discuss this further. We can't follow up with you directly if you provide anonymous feedback but when questions are raised through your feedback we can provide the response to the whole team. We will acknowledge the receipt of all feedback except when it is provided anonymously through the survey.

Next steps

Following consultation, the National Executive will be asked to approve the consultation outcome.

We will then give effect to the change for the Adelaide team through individual correspondence to impacted staff confirming their reporting lines.

We will then give effect to the changes by undertaking the EOI process for the Melbourne team leader position, and writing to each of you directly impacted to confirm your reporting lines.

Further development of the national model and changes will be done in consultation with you.

Attachment A Proposed structure for National Triage and Assessment team (transition)